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ANALYTICAL DATA REPORT

prepared for:

Town of Webster Water Dept.
38 Hill Street
PO Box 793
Webster, MA 01570
Attn: Doran Crouse

Report Number: E612105
Project: Webster Water Department

Received Date: 12/01/2016

Report Date: 12/16/2016



David Dickinson
Technical Director



CT DPH #PH-0465
ME DHHS #CT0050
VA #460279

EPA #CT00008
NH ELAP #2020
VT DOH #VT11549

KY EEC #90151
NY ELAP #11549

MA DEP #M-CT008
PA DEP #68-04413

MD #349
RI DOH #LAO00346

TN #04903



101-000000530851

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Report No: E612105
Client: Webster Water Department
Project: Webster Water Department

CASE NARRATIVE / METHOD CONFORMANCE SUMMARY

The results presented in this report relate only to the samples received.

This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included, along with a copy of the chain of custody and any subcontracted analyses reports, if applicable, for the sample(s) in this report. Subcontractor results are identified by 'SUB' next to the analysis.

Microbac Laboratories, Inc. received seven samples from Webster Water Department on 12/01/2016. The samples were analyzed for the following list of analyses in accordance with MA DEP regulations unless otherwise indicated:

Iron & Manganese by ICP by 200.7

200.7[3000]

Perchlorate by 314 in DW

120.1, 314.0

Manganese by ICP by 200.7

200.7[3000]

Non-Conformances:

Work Order:

None

Sample:

None

Analysis:

None



Perchlorate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
MULT 1	Memorial Beach Sta #1	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	12/1/2016	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) Y

Analysis Lab MA Cert. #: M-MA009 Analysis Lab Name: Barnstable County Lab

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0		1.0	314.0	12/08/2016	E612105-1
CONDUCTIVITY	560	umhos/cm	---		2.0	120.1	12/08/2016	E612105-1

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Limit (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).

All field samples analyzed with either EPA Method 314.0 or EPA Method 314.1 with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 12/16/2016

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Perchlorate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	2316000	City / Town:	Webster, MA
PWS Name:	Webster Water Department	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/> 12/1/2016	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below			
		(1) Reason for Resubmission		(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).					

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:	M-CT008	Primary Lab Name:	Microbac Laboratories, Inc.	Subcontract? (Y/N)	Y
Analysis Lab MA Cert. #:	M-MA009	Analysis Lab Name:	Barnstable County Lab		

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0		1.0	314.0	12/08/2016	E612105-2
CONDUCTIVITY	190	umhos/cm	---		2.0	120.1	12/08/2016	E612105-2

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Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Limit (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).

All field samples analyzed with either EPA Method 314.0 or EPA Method 314.1 with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 12/16/2016

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<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Perchlorate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
RW-05G	Sta #1 Well #2	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	12/1/2016	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) Y

Analysis Lab MA Cert. #: M-MA009 Analysis Lab Name: Barnstable County Lab

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	12/08/2016	E612105-3
CONDUCTIVITY	420	umhos/cm	---	1.0	2.0	120.1	12/08/2016	E612105-3

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Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Limit (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).

All field samples analyzed with either EPA Method 314.0 or EPA Method 314.1 with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

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Primary Lab Director Signature:

Date: 12/16/2016

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<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Perchlorate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
RW-06G	Sta #1 Well #3	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	12/1/2016	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) Y

Analysis Lab MA Cert. #: M-MA009 Analysis Lab Name: Barnstable County Lab

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	12/08/2016	E612105-4
CONDUCTIVITY	440	umhos/cm	---	1.0	2.0	120.1	12/08/2016	E612105-4

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Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Limit (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).

All field samples analyzed with either EPA Method 314.0 or EPA Method 314.1 with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 12/16/2016

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<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Perchlorate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	2316000	City / Town:	Webster, MA
PWS Name:	Webster Water Department	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
RW-07G	Sta #1 Well #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/> 12/1/2016	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below			
		(1) Reason for Resubmission	(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).					

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:	M-CT008	Primary Lab Name:	Microbac Laboratories, Inc.	Subcontract? (Y/N)	Y
Analysis Lab MA Cert. #:	M-MA009	Analysis Lab Name:	Barnstable County Lab		

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	12/08/2016	E612105-5
CONDUCTIVITY	410	umhos/cm	---	1.0	2.0	120.1	12/08/2016	E612105-5

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All field samples analyzed with either EPA Method 314.0 or EPA Method 314.1 with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 12/16/2016

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<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Perchlorate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
RW-08G	Sta #1 Well #5	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/> 12/1/2016	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below			
		(1) Reason for Resubmission		(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).					

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) Y

Analysis Lab MA Cert. #: M-MA009 Analysis Lab Name: Barnstable County Lab

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	12/08/2016	E612105-6
CONDUCTIVITY	1200	umhos/cm	---	1.0	2.0	120.1	12/08/2016	E612105-6

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All field samples analyzed with either EPA Method 314.0 or EPA Method 314.1 with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

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Primary Lab Director Signature:

Date: 12/16/2016

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DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Perchlorate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
03G	Sta #3 Bigelow Rd.	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	12/1/2016	J. Patterson
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) Y

Analysis Lab MA Cert. #: M-MA009 Analysis Lab Name: Barnstable County Lab

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	12/08/2016	E612105-7
CONDUCTIVITY	430	umhos/cm	---	1.0	2.0	120.1	12/08/2016	E612105-7

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All field samples analyzed with either EPA Method 314.0 or EPA Method 314.1 with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

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Primary Lab Director Signature:

Date: 12/16/2016

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<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A MULT 1	Memorial Beach Sta #1	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	12/1/2016	J. Patterson
B RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	12/1/2016	J. Patterson

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES	
A	
B	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) N

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc.

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND	6.4	0.3	0.051	200.7	12/2/2016	E612105-1, E612105-2
MANGANESE (mg/L)	0.073	0.59	0.05*	0.0020	200.7	12/2/2016	E612105-1, E612105-2
ALKALINITY (mg/L as CaCO ₃)			none				
CALCIUM (mg/L)			none				
MAGNESIUM (mg/L)			none				
HARDNESS (mg/L as CaCO ₃)			none				
POTASSIUM (mg/L)			none				
TURBIDITY (NTU)			none				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5 to 8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 12/16/2016

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A 03G	Sta #3 Bigelow Rd.	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	12/1/2016	J. Patterson
B				

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B				

SAMPLE NOTES	
A	
B	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) N

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc.

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)			0.3				
MANGANESE (mg/L)	0.15		0.05*	0.0020	200.7	12/2/2016	E612105-7
ALKALINITY (mg/L as CaCO ₃)			none				
CALCIUM (mg/L)			none				
MAGNESIUM (mg/L)			none				
HARDNESS (mg/L as CaCO ₃)			none				
POTASSIUM (mg/L)			none				
TURBIDITY (NTU)			none				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5 to 8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:

Date: 12/16/2016

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Massachusetts Department of Environmental Protection - Drinking Water Program
Perchlorate Report

CIO 4

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
PWS Name: PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
	E612105-1B	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	12/1/2016	Customer
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, list below:		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)				

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)
Analysis Lab MA Cert. #: Analysis Lab Name:

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	12/8/2016	169762101
CONDUCTIVITY	560	umhos/cm	-	1.0	2.0	EPA 120.1	12/8/2016	169762101

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values, (i.e., perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

I certify, under penalties of law, that I am the person authorized to fill out this form, and the information contained herein is true, accurate, and complete to the best extent of my knowledge.

Primary Lab Director Signature: 

Date: 12/12/2016

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report, or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Massachusetts Department of Environmental Protection - Drinking Water Program
Perchlorate Report

CIO 4

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form.

PWS ID #:

City / Town: Dayville

PWS Name:

Microbac Laboratory, LLC

PWS Class:

COM ☒

NTNC ☐

TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
E612105-2B		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	12/1/2016	Customer
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, list below:		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, If a Manifold/Multiple sample, list any sources that were on-line during collection.)				

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #:

M-MA009

Primary Lab Name:

Barnstable County Health Laboratory

Subcontracted? (Y/N)

N

Analysis Lab MA Cert. #:

Analysis Lab Name:

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	12/8/2016	169762102
CONDUCTIVITY	190	umhos/cm	--	1.0	2.0	EPA 120.1	12/8/2016	169762102

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

I certify, under penalties of law, that I am the person authorized to fill out this form, and the information contained herein is true, accurate, and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date:

[Signature]
12/12/2016

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report, or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Massachusetts Department of Environmental Protection - Drinking Water Program
Perchlorate Report

CIO₄

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:

City / Town: Dayville

PWS Name:

Microbac Laboratory, LLC

PWS Class:

COM ☒

NTNC ☐

TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
E612105-3		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	12/1/2016	Customer
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, list below:		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)				

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #:

M-MA009

Primary Lab Name:

Barnstable County Health Laboratory

Subcontracted? (Y/N)

N

Analysis Lab MA Cert. #:

Analysis Lab Name:

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	12/8/2016	169762103
CONDUCTIVITY	420	umhos/cm	-	1.0	2.0	EPA 120.1	12/8/2016	169762103

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values, (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

I certify, under penalties of law, that I am the person authorized to fill out this form, and the information contained herein is true, accurate, and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date:

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report, or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Massachusetts Department of Environmental Protection - Drinking Water Program
Perchlorate Report

CIO 4

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
PWS Name: PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
	E612105-4	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	12/1/2016	Customer
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, list below:		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, If a Manifold/Multiple sample, list any sources that were on-line during collection.)				

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)
Analysis Lab MA Cert. #: Analysis Lab Name:

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	12/8/2016	169762104
CONDUCTIVITY	440	umhos/cm	-	1.0	2.0	EPA 120.1	12/8/2016	169762104

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values, (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

I certify, under penalties of law, that I am the person authorized to fill out this form, and the information contained herein is true, accurate, and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date: 12/12/2016

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DEP REVIEW STATUS (Initial and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Massachusetts Department of Environmental Protection - Drinking Water Program
Perchlorate Report

CIO₄

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town: Dayville
PWS Name: Microbac Laboratory, LLC PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
	E612105-5	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	12/1/2016	Customer
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, list below:		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)				

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-MA009 Primary Lab Name: Barnstable County Health Laboratory Subcontracted? (Y/N) N
Analysis Lab MA Cert. #: Analysis Lab Name:

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	12/8/2016	169762105
CONDUCTIVITY	410	umhos/cm	-	1.0	2.0	EPA 120.1	12/8/2016	169762105

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

I certify, under penalties of law, that I am the person authorized to fill out this form, and the information contained herein is true, accurate, and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date: 12/12/2016

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DEP REVIEW STATUS (Initial and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Massachusetts Department of Environmental Protection - Drinking Water Program
Perchlorate Report

CIO 4

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town: Dayville
PWS Name: Microbac Laboratory, LLC PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
	E612105-6	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	12/1/2016	Customer
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, list below:		
		(1) Reason for Resubmission		(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)				

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-MA009 Primary Lab Name: Barnstable County Health Laboratory Subcontracted? (Y/N) N
Analysis Lab MA Cert. #: Analysis Lab Name:

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	12/8/2016	169762106
CONDUCTIVITY	1,200	umhos/cm	-	1.0	2.0	EPA 120.1	12/8/2016	169762106

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

I certify, under penalties of law, that I am the person authorized to fill out this form, and the information contained herein is true, accurate, and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date: 12/12/2016

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report, or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Massachusetts Department of Environmental Protection - Drinking Water Program
Perchlorate Report

CIO 4

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:

City / Town: Dayville

PWS Name:

Microbac Laboratory, LLC

PWS Class:

COM ☒

NTNC ☐

TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
	E612105-7B	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	12/1/2016	Customer
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, list below:		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)				

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #:

M-MA009

Primary Lab Name:

Barnstable County Health Laboratory

Subcontracted? (Y/N)

N

Analysis Lab MA Cert. #:

Analysis Lab Name:

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	12/8/2016	169762107
CONDUCTIVITY	430	umhos/cm	--	1.0	2.0	EPA 120.1	12/8/2016	169762107

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

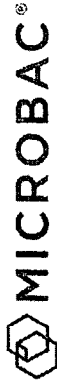
I certify, under penalties of law, that I am the person authorized to fill out this form, and the information contained herein is true, accurate, and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date:

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report, or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



Chain of Custody

530851-60

For: Barnstable County Lab
3195 Main St
Barnstable, MA 02630

MP21

Report to		Billing Information				Project Information		
Microbac Laboratory, Inc. 61 Louisa Viens Drive Dayville, CT 06241 Email Reports and Invoices to datareporting@premierlaboratory.com		Microbac Laboratory, Inc. 61 Louisa Viens Drive Dayville, CT 06241				Project: E612105 State Certification: MA DEP Project Manager: Email: krysti.skidgell@microbac.com Phone: 860-774-6814 Fax: 860-774-2689 Due Date: Standard TAT		
Sample Identification	Date Collected	Time Collected	Sample Type	Sample Matrix	Cont. Type	Cont. Qty	Preservative	Analysis
E612105-1B	12/1/2016	10:10	R	AQ 1	1	1	None	Perchlorate by Method 314.0
								Specific Conductance by EPA 120.1
E612105-2B	12/1/2016	10:59	W	AQ 1	1	1	None	Perchlorate by Method 314.0
								Specific Conductance by EPA 120.1
E612105-3	12/1/2016	10:50	W	AQ 1	1	1	None	Perchlorate by Method 314.0
								Specific Conductance by EPA 120.1
E612105-4	12/1/2016	10:40	W	AQ 1	1	1	None	Perchlorate by Method 314.0
								Specific Conductance by EPA 120.1
E612105-5	12/1/2016	11:10	W	AQ 1	1	1	None	Perchlorate by Method 314.0
								Specific Conductance by EPA 120.1
E612105-6	12/1/2016	10:30	W	AQ 1	1	1	None	Perchlorate by Method 314.0
								Specific Conductance by EPA 120.1
E612105-7B	12/1/2016	13:20	R	AQ 1	1	1	None	Perchlorate by Method 314.0
								Specific Conductance by EPA 120.1

Custody Transfer		Date	Time
Sampler:			
Received:	<i>[Signature]</i>	12-6-16	17:45
Relinquished:	<i>[Signature]</i>	12-7-16	12:35
Received:	<i>[Signature]</i>	12/1/16	12:35
Relinquished:			
Received:			

Comments:

Notify Premier Laboratory of any MCL exceedances with 24 hours of obtaining valid data.

Conditions Upon Receipt (Check One):

☐ Cooled ☐ Ambient °C Upon Receipt at LAB

~~PRESERVATIVE
VERIFIED~~

501210518